| PATENT APPLICATION FEE DETERMINATION RECORD Effective December 8, 2004  09/895, 452 |  |   |                                 |                                   |              |                      |            |                  |                        |        |                    |                        |
|---|--|---|---------------------------------|-----------------------------------|--------------|----------------------|------------|------------------|------------------------|--------|--------------------|------------------------|
| CLAIMS AS FILED - PART I (Column 1) (Column 2)                                      |  |   |                                 |                                   |              |                      |            |                  |                        | OA     | OTHER<br>SMALL     | THAN<br>ENTITY         |
| T   | OTAL CLAIMS                                    |   |                                 |                                   |              |                      |            | PATE             | FEE                    | ]      | RATE               | FEE                    |
| R   | <del></del><br>DR                              |   | NUMBER FILED                    |                                   | NUMBER EXTRA |                      |            | BADE FEE         | 150.00                 | OR     | Basic Pee          | 300.00                 |
| T   | OTAL CHARGE                                    | BLE CLAIMS                                | minus 20=                       |                                   | • :          |                      |            | X3 25=           |                        | OR     | X\$50=             |                        |
| N   | DEPÊNDENT C                                    | LAIMS                                     | minus 3 =                       |                                   |              |                      |            | X100-            |                        | OR     | X200-              |                        |
| M   | ATIPLE DEPE                                    | IDENT CLAIM P                             | RESENT                          |                                   |              |                      |            | +180=            |                        | OR     | +360=              |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2            |  |   |                                 |                                   |              |                      |            | TOTAL            | -                      | OR     | TOTAL              | <del></del>            |
| CLAIMS AS AMENDED - PART II   |  |   |                                 |                                   |              |                      |            |                  |                        |        | OTHER              | THAN                   |
| (Column 1) (Column 2) (Column 3)  |  |   |                                 |                                   |              |                      |            | SMALL            | ENTITY                 | OR     | SMALL              |                        |
| AMENOMENT A   | 146/05   | REMARKING<br>AFTER<br>AMENDMENT           | HIGH<br>NUM<br>PREVIO<br>PAID I |                                   | BER          | PRESENT<br>EXTRA     |            | RATE             | ADDI-<br>TIONAL<br>FEE |        | RATE               | ADDI-<br>TIONAL<br>FEE |
| 380   | Total  | . 410                                     | Alinus                          | - 4                               | 6            | - /                  |            | X\$ 25=          |                        | OR     | X\$50=             | 1                      |
| Ē   | Independent                                    | . 9                                       | Minus                           | -/                                | 9            | •/                   |            | X100=            |                        | OR     | X200=              |                        |
| FIRST PRESENTATION OF MOLTIFUE DEPENDENT COUNTY                                     |  |   |                                 |                                   |              |                      |            | +180=            |                        | OR     | +360=              |                        |
| 7-19-06   |  |   |                                 |                                   |              |                      |            | TOTAL            |                        |        | TOTAL              | 1                      |
|   |  | (Column 1)                                | -                               | (Cotun                            | nn 2)        | (Column 3)           |            | NDOIT FEE        |                        | ,      | radii. FEE         |                        |
| AMENOMENT 0   |  | OLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                 | HIGH<br>MUM<br>PREVIO<br>PAID     | BER          | PRESENT EXTRA        |            | PLATE            | ADDI-<br>TIONAL<br>FEE |        | RATE               | ADDI-<br>TIONAL<br>FEE |
|   | Total -  | . 19                                      | Minus                           | -4                                | 4            | - /                  |            | X\$ 25-          |                        | OR     | X\$50=             |                        |
|   | Independent                                    | 6   | Minus                           | /                                 | 9            | - /                  |            | X100=            | 1                      | OFI    | X200=              |                        |
| ۲   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                                 |                                   |              |                      | ' <u> </u> | +180=            |                        | OR     | +360-              | ) .                    |
| 11/14 700   |  |   |                                 |                                   |              |                      |            | DOTT. FEE        |                        | OR ,   | YOTAL<br>YOUT, FEE |                        |
| (Column 1) (Column 2) (Column 3)  |  |   |                                 |                                   |              |                      |            |                  |                        |        |                    |                        |
| AMENDMENT C   |  | CLAMS<br>REMARKING<br>APTER<br>AMENOMENT  |                                 | HIGHI<br>NUME<br>PREVIO<br>PAID F | IER<br>USLY  | PRESENT<br>EXTRA     |            | RATE.            | ADDI-<br>TIONAL<br>FEE |        | RATE               | ADDI-<br>TIONAL<br>FEE |
|   | Total .  | . 13                                      | Minus                           | -, 4                              | 16           | - 6                  |            | X\$ 25=          |                        | OR     | X\$50=             |                        |
|   | Independent                                    | 2   | Mirius                          | - 6                               | U            | - 24                 |            | X100-            |                        | OR.    | X200°              |                        |
|   | FIRST PRESE                                    | NTATION OF MI                             | LTIPLE DEF                      | ENDENT                            | CAN          |                      |            |                  | : 1                    |        | ,360a              |                        |
|   | Die graft in coas                              | n's hi fact than it.                      | o withy by och                  | nn 2. udie                        | To to cal    | Linn's.              | Ŀ          | 4160=  <br>201/A |                        | OR L   |                    | - TOTA!                |
|   |  |   |                                 |                                   |              |                      |            |                  |                        |        |                    |                        |
| T   | he Tighted Hull                                | Del Previously Park                       | For (Table                      | ritte de                          |              | Michigal Institution | loùn       | q po són abbi    | opriete box            | in cot | ggeri.1.           | - 1                    |